STATE OF SOUTH DAKOTA

RECEIVED

Statement of Legal Newspaper Ownership and Circulation DEC 13 2010

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077				
A /	ews	2. DATE		SEC. OF STATE
3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLISH	HED ANNUALLY	3B. ANNUAL SUB	SCRIPTION W 1 50	
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code)				
(Not printers) P.O. Box 6 Ivene Clay SD 57037				
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE				
PUBLISHER (Not printers)				
SAMI FUDICALINA SAL				
6. FULL NAME OF PUBLISHER: 3 Shaw & Ally Su 1711				
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name				
and address, as well as that of each individual must be given. ELULINAME COMPLETE MAILING ADDRESS				
POLE IVAIND				
Shows at Allyson Hill 1000 washington St Centervilles D 570H				
CVALUE OF THE MORT CACES AND OTHER SECURITY HOLDERS OWNING OR HOLDING I				
PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, M	ORTGAGES OR OTH	HER SECURITIES (II	there are none, so	
state. If more space is needed, list on back of this form.				
	AVERAGE NO. CO	OPIES ACTU	AL NO. COPIES	
O DAMES OF AND STATE OF CIPCUIT ATION	EACH	NG 10	ISSUED	
9. EXTENT AND NATURE OF CIRCULATION	ISSUED PRECEDI MONTHS	NG 12 NEARES	T TO FILING DATE	
+ MOTAL NO CODIES (Not Pross Pun)	1000		600	
A.TOTAL NO. COPIES (Net Press Run)	000			
B.PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and	11-	,	01/6	
counter sales.	242		247	
2. Mail Subscription	288		280	# 8
(Paid and or requested)	200		000	
C.TOTAL PAID AND/OR REQUESTED CIRCULATION	C30		529	
(Sum of 9B1 and 9B2)	330		001	
D.FREE DISTRIBUTION	15		17	
1. BY MAIL, CARRIER OR OTHER MEANS	73_			
2. SAMPLES, COMPLIMENTARY AND OTHER FREE	-		4	#
COPIES				
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	550		550	
F. COPIES NOT DISTRIBUTED		500	1-M	
1. Office use, left over, unaccounted, spoiled after printing	50		50	
2. Return from News Agents	0		0	
G.TOTAL (Sum of E, F1 and F2 – Should equal net press run	600		1000	1
Statement must be signed by Publisher, Business Manag		e presence of a No	tary Public	•
Statement must be signed by Publisher, Business Manag	orrect and comn	lete:		
I swear that the statements made by me are true, c	orrect, and comp			
tublisher.				
(Title)				
(Signature)				
Sworn to before me this $24 \text{ day of } \text{NoV}$, $20 10$				
State of South Dakota)	There of O'nell			
§ ************************************	Notary Public			
County of Turrier)		0 0	21 2014	
My commission expires: My commission expires:				
(Seal)				